

To:

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2022-06-22 13:19:29 GMT

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From: Yanet Avila

6/18/22, 9:50 AM

L19000204504

Division of Corporations
Electronic Filing Cover Sheet

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H220002093403ABCV

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To:

Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TOP QUALITY TOWING & TRANSPORT, LLC

Certificate of Status	0
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LLC N/C to Amend.

JUN 24 2022

DOUGLAS

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6/16/2022 6:33:25 PM PAGE 1/001 Fax Server



June 16, 2022

FLORIDA DEPARTMENT OF STATE
Division of CorporationsTOP QUALITY TOWING & TRANSPORT, LLC
1777 W 39 PLACE
HIALEAH, FL 33012SUBJECT: TOP QUALITY TOWING & TRANSPORT, LLC
REF: L19000204504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P2000003632.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY

FAX Aud. #: H22000209340

Regulatory Specialist II Supervisor
Registration Section

Letter Number: 422A00013582

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOP QUALITY TOWING & TRANSPORT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/15/2019 and assigned
Florida document number L19000204504.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNITED STATES RECOVERY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

562 COMMERCIAL BLVD

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34104

Enter new mailing address, if applicable:

562 COMMERCIAL BLVD

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34104

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHANGE OF ADDRESS

New Registered Office Address:

562 COMMERCIAL BLVD

Enter Florida street address

NAPLES

City

, Florida 34104

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EMELY SASTRE	562 COMMERCIAL BLVD	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSE C. SASTRE	562 COMMERCIAL BLVD	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

From: Yanet Ayala

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/15, 2022

1st Jose C. Sastre
Signature of a member

Signature of a member or authorized representative of a member

JOSE C. SASTRE

Typed or printed name of signee

Filing Fee: \$25.00